



WA State Dept. of Health
Immunization Program

Immunization Update

July 2002

Vaccine News



Td supply getting back to normal

The supply of adult tetanus and diphtheria toxoids (Td) in the United States has become sufficient to permit the resumption of the routine schedule for Td use as recommended by the Advisory Committee on Immunization Practices. Health-care providers should recall adolescents and adults for whom routine Td booster doses were deferred to receive the delayed dose. School attendance provisions recommending students received a Td booster at age ≥ 11 years can be reinstituted.

DTaP supply returning to normal

CDC has announced that the available supply of DTaP vaccine is now sufficient for a return to the normal DTaP immunization schedule. CDC has indicated we will receive sufficient vaccine to return to the full 5-dose series beginning in July. However, the CDC has not yet determined the number of additional doses that will be made available for children that have had doses deferred due to the shortage. We are developing an immunization promotion campaign to encourage providers and parents to ensure that children are up-to-date on their vaccines once we are assured that sufficient supplies for aggressive recall campaigns are available.

Other Vaccines

- Varicella vaccine supply may return to normal by August 2002
- Expect long term delays for Merck and Wyeth in the supply of Hib (but not Av P)
- PCV-7 remains in critically short supply with shortages in every state and among most providers. It is very difficult to reliably predict a date for return to full schedule with uninterrupted supply

Immunization Program working with Oregon on Flu Plan

The 2002-2003 Washington State Influenza Plan is in formative stages. The adult immunization coordinator is meeting with the Oregon Immunization Program to coordinate

Inside this issue:

VFC Update.....	2	WIC/IZ.....	4
AFIX Corner.....	2	Assessment News.....	5
Education News.....	3	Hepatitis News.....	6
CHILD Profile.....	4	News Briefs.....	7

planning in order to assure consistency across state borders. The Plan will be released as soon as the state receives the final ACIP recommendations and is confident that the information about vaccine supply and delivery is accurate. CDC is reporting that all flu vaccine manufacturers anticipate optimum supply levels and no delays in delivery to providers. The Immunization Program is also working in collaboration with the Washington State Immunization Action Coalition – Adult Subcommittee and with public and private vaccination providers in this effort.

Meningitis Information Provided to Colleges and Universities

The Immunization Program worked with the state health officer to issue a memo to all state colleges and universities with student residences regarding meningitis. Information was provided about the moderate risk that students living in dormitories and residences have for contracting meningitis. Student health services and administrators were encouraged to provide information to incoming freshmen and their parents about the disease and the availability of meningococcal vaccine from campus or private providers. Attached to the memo were the recommendations from the Vaccine Advisory Committee to the immunization program and an example of an informational flyer that may be downloaded from the program web site after July 1st: www.doh.wa.gov/cfh/immunize. The Immunization Program phone number is provided for further information.

VFC Update

IMPORTANT REQUEST - For Upcoming CDC Visit

Needed – Copies of all of your 2002 AFIX Site Visit reports. Our office needs to have copies of all of the 2002 site visit records on file for CDC's upcoming visit to our state. After each official VFC visit and each AFIX visit you make, please send a copy of the completed site visit form and AFIX report(s) to Katherine Harris-Wollburg. Please have all the completed reports in by August 15 (please fax any that you may complete during the first 2 weeks of August to ensure we receive them in time for the visit. Thank you!!!

Congratulations and Thank you!

The month of May and Benchmarking is over and the green forms are piling up in our office. Thank you for all your work with your providers to help make this another successful year.

“AFIX CORNER”



AFIX, the Next Phase

We are currently coordinating LHJ trainings for the next phase of AFIX. Later this year we will be doing smaller groups so that we can gear the training to your LHJ's specific needs and expertise. Besides your identified needs, some of the topics will include:

- Looking at the I & X in AFIX (Incentive and eXchange)
- How to do an assessment in light of the shortages?
- How to manipulate CASA to do reports on separate antigens (i.e., varicella, DTaP)?
- Which reports are the best to use?
- Can I download data from CHILD Profile to do the assessment piece?

We are also preparing a short easy-to-use AFIX Handbook. We will be contacting you soon to get input on your AFIX needs.

Q & A

Q: We have much more contact with our provider sites than is captured on the official VFC Site Visit Form. How can we show this?

A: We know that you are seeing your providers much more than the reports represent and we too want to be able to capture this. So, we are looking for ways to do this. It has been suggested that a simple 'tick' list could be completed (listing out the categories of contact – education, T/A, drop-in, phone...and those 'vaccine delivery & while I am here, can I look at your refrigerator temperature' visits). Do you have ideas of how this could best be done without making a lot more work for you? If so, please contact Katherine Harris-Wollburg.

Education News

The interim MMR VIS reflects the recent reduction in the recommended waiting period for women to become pregnant after receiving MMR vaccine. Previously, women were advised not to become pregnant for 3 months after receiving MMR vaccine; now women are advised not to become pregnant within 4 weeks of receiving MMR vaccine.

We are asking you to print this interim VIS off the Internet and make the appropriate copies for your needs. Please inform the providers in your county about the interim VIS and how to obtain copies. When the final version is available, we will print multiple copies as usual for English, Spanish, Vietnamese and Russian.

Web Site Update

A new Hepatitis Page is now available on the DOH, Immunization Program website. The page is packed full of resources on hepatitis.

www.doh.wa.gov/cfh/Immunize/hepatitisprevention.htm

Also, you will notice a new look on our site, as well as for all of DOH. We have converted our site to meet new DOH web standards. We hope that you will find the site just as valuable and easy to navigate. If you run across any problems, please let us know so we can address them immediately. You should also find it easier to locate our site now from the DOH main page.

CHILD Profile Update

Many exciting activities are underway at CHILD Profile...a web version, a requirements analysis, and a private provider recruitment plan. These activities are all designed to improve the system, its usability, and its value to both public and private health care.

Registry Population

The system is growing! As of June 1, 2002, there were 10 million immunizations recorded for over 3 million individuals of all ages. 73% of children in the state under the age of six years, had 1 or more immunizations recorded, and 54% had 2 or more immunizations. Currently, CHILD Profile has Information Sharing Agreements with six health plans, and over 80 medical organizations representing some 250-clinic sites. Although public and community health sites have a high rate of participation at 72%, only 8% of private provider sites are on board.

Provider Recruitment

To help improve participation rates, the Department of Health has initiated a contract with Desautel Hege Communications, in collaboration with the Health Improvement Partnership (HIP), to develop a Private Provider Recruitment Plan for CHILD Profile. By September, a written recruitment plan will be completed that will recommend strategies, tactics, and tools for recruiting providers. This will be the first step in revitalizing CHILD Profile's private provider recruitment efforts.

Web-based Version

The web interface to the CHILD Profile Immunization Registry will be available sometime this summer. This will allow users to access the Registry's

immunization tracking component via their web browser and the Internet. Users will be able to look up and enter immunization histories through the web, print out immunization records, and view and print immunization recommendation reports. While all reports currently available in the text version of CHILD Profile (such as Recall and Vaccine Usage) will not be available via the web at this time, the plan is to have full web functionality in the future.

Requirements Analysis

DOH is embarking on a technical analysis in the upcoming weeks that will assess current functionality within CHILD Profile, determine needs, and recommend an approach for the future. End users will be a vital part of the technical analysis, and interviews with private and public health care providers, DOH Immunization Program staff, and CHILD Profile staff will be an important part of the process.

CP Assessment Workgroup needs input

We would like your help in identifying how CHILD Profile Immunization Registry (CPIR) can be used for immunization assessment activities. The Immunization Program has formed a CPIR Assessment Work Group. One task of the work group is to study the feasibility of up-loading CASA data into CPIR and to identify related quality assurance issues. We'd like to hear from you about your experience and ideas for using CP data. Please e-mail your thoughts about using CP data for assessments, in-putting data into CP, shot date discrepancies, record duplicates, confidentiality issues and *anything that you have encountered which you feel, if*

addressed, would have a positive impact on the registry.

Please send your ideas by July 31st, to: ros.aarthun@doh.wa.gov or fax them to her at 360-236-3590.

The following news report originally appeared in the June Immunization Works Newsletter published by the National Immunization Program (NIP)

Immunization Registries

Currently, only 24% of children in the U.S. less than 6 years of age are participating in a population-based immunization registry. One of the Healthy People 2010 immunization registry objectives is to increase the number of children under 6 participating in an immunization registry to 95%. In order to achieve this objective, participation by health care professionals needs to increase dramatically over the next 8 years. The CDC is supporting activities to include the private sector in

this work. A Provider Participation Work Group has been formed with representation from numerous organizations with an immunization, registry or pediatric focus in their mission. The purposes of a May 20 meeting were to inform participants of the current status of immunization registries, define the problem of provider non-participation in registries, and initiate a discussion of the issues impacting participation by health care professionals in community- and state-based immunization registries. Future meetings will continue to identify barriers and develop solutions of increasing registry participation. If you or your organization is interested in working with the Provider Participation Work Group, please contact Karen Fowler, Work Group Chairman, at kgf1@cdc.gov or (404) 639-8295.

WIC/Immunization Linkage

In October 2000, a statewide WIC/Immunization Linkage Planning Workgroup was formed to develop a 3-5 year strategic plan for a partnership that mutually enhances the ability of both programs to meet their goals. This plan was completed in March 2002 and includes the following three overall goals:

- **Linking the Client Information Management System (CIMS) and CHILD Profile Immunization Registry (CPIR)**
State WIC and Immunization Programs explore the possibility of linking CIMS and CHILD Profile in order to identify under-immunized children and determine immunization coverage levels.
- **Partnership**
Strengthen local, state and national partnership around WIC and Immunizations.
- **Access**
Improve access to WIC and to Immunizations.

A Phase II workgroup met for the first time in June. This group will be tasked with implementing the plan over the next three years. Watch for more information on the progress of this effort in future newsletters.

Assessment News

Varicella Incidence in Washington State

The first estimates for varicella incidence for Washington State are available from the 2000 Behavioral Risk Factor Surveillance Survey (BRFSS). The findings are based on a telephone survey administered to 3,584 households with responses for 9,123 persons living in those households. The analyses of these data are summarized in the following table.

Varicella Incidence in Washington State - 2000		
	Rates/1000 population	(95% Confidence Interval)
Chickenpox		
Households with at least 1 case of chickenpox in previous 12 months	17.0	(13.2, 22.0)
Persons with chickenpox in previous 12 months	10.5	(8.6, 12.9)
Households with at least 1 case of chickenpox in children in previous 12 months	42.7	(32.7, 55.5)
Children with chickenpox in previous 12 months	18.7	(15.1, 23.2)
Shingles		
Households with at least 1 case of shingles in previous 12 months	19.5	(15.4, 24.8)
Persons with shingles in previous 12 months	7.8	(7.8, 9.9)

As expected, the incidence of chickenpox was highest for children less than 5 years old (74.4/1000 – 95% C.I. 54.2, 100.7) and lowest for adults (2.5/1000 – 95% C.I. 1.2, 4.9). Conversely, the incidence for shingles was highest for adults (17.9/1000 – 95% C.I. 13.9, 22.9) and lowest for children less than 5 years old (1.9/1000 – 95% C.I. 0.1, 12.0).

Chickenpox and shingles remain serious diseases. Analysis of the 1995-1999 CHARS hospital discharge data showed an annual average of 235 hospitalizations for chickenpox and 837 hospitalizations for shingles. In addition, from 1990-1998 in Washington State there were 23 deaths related to chickenpox and 154 deaths related to shingles.

Varicella questions are also being included in the 2002 Washington State BRFSS and the plan is to monitor varicella incidence rates over time, particularly with increasing use of vaccine.

Capacity Building Project Announced

The Immunization Program is providing funding to assist Kittitas County Health Department to conduct a countywide Birth Certificate Followback Survey to estimate immunization coverage rates for 19-35 month old children. The project is scheduled to start this summer and the Immunization Program will provide technical assistance for the design and conduct of the survey and the analysis of the data.

Hepatitis News

CDC Publishes New Guidelines For Treatment Of Sexually Transmitted Diseases

On May 10, 2002, the Centers for Disease Control and Prevention (CDC) published "Sexually Transmitted Diseases Treatment Guidelines 2002" in the Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports Series (vol. 51, no. RR-6). This is the first update to these guidelines since 1998. Although treatment is emphasized, diagnosis and prevention also are discussed. The section titled "Vaccine-Preventable STDs" covers hepatitis A and hepatitis B incidence, exposure, transmission, incubation, diagnosis, prevention, pre- and post-vaccination serologic testing, and treatment.

Hepatitis Foundation International CD Assists Listeners With "Sorting Out The Diagnostics"

The Hepatitis Foundation International (HFI) has produced "Hepatitis B: Sorting Out the Diagnostics," an audio CD that outlines the diagnostic process for hepatitis B, covering laboratory tests, serology, and more. Discussion of case studies helps consolidate the information provided. Speakers on the hour-long CD are Harold Margolis, M.D., Centers for Disease Control and Prevention (CDC); Anna Lok, M.D., University of Michigan Medical School; Raymond S. Koff, M.D., University of Massachusetts Memorial Medical Center; Christine J. Bruno, M.D., S.E. Permanente Medical Group; and R. Palmer Beasley, M.D., University of Texas School of Public Health.

HFI President Thelma King Thiel says, "Our goal here is to help the primary care doctors pre-screen more effectively, avoid running up costs by choosing the correct lab tests, refer to specialists more appropriately, and better cope with their patients on a human level."

The cost of the CD is \$6.00. To order "Hepatitis B: Sorting Out the Diagnostics," call (800) 891-0707 or fax (973) 857-5044. For more information about HFI, go to: <http://www.hepfi.org>

News Briefs

Study Examines Antivaccination Web Sites

A study in the June 26th issue of the Journal of the American Medical Association (JAMA) reviewed antivaccination Web sites in order to outline the specific claims and concerns expressed by these groups. Robert M. Wolfe, MD, and colleagues from the Northwestern University Feinberg School of Medicine, Chicago reviewed and analyzed 772 links to find 12

Web sites that disseminated antivaccination information. Links from these 12 sites yielded another 10 sites, producing a total of 22 sites for study.

The study revealed that most antivaccine Web sites focused on three main themes: concerns about vaccine safety and effectiveness, concerns about governmental abuses; and a preference for alternative health practices rather than vaccination. As noted by the authors, these arguments are not new. In fact, most were used in the 19th century by opponents of compulsory smallpox vaccination.

The study concluded that the concerns expressed on these Web sites about vaccine safety were largely unsupported by peer-reviewed scientific literature. But the authors believe their study findings will help direct research aimed at more effectively addressing the concerns of individuals opposing childhood vaccination. To read an abstract of the study, go to the JAMA Web site at <http://jama.ama-assn.org/issues/v287n24/abs/jbr20117.html>.

Medicare Screenings, Vaccines Underused

The General Accounting Office (GAO) has reported that although Medicare has increased its coverage for some types of screenings and immunizations, the use of such offerings is very different, depending upon the state. The GAO discovered that flu and pneumonia immunizations individually were used by fewer than 50 percent of beneficiaries each year, and even fewer received both immunizations. Influenza immunization rates varied between 63 percent and 77 percent depending upon the state, and although 70 percent of whites were given flu vaccinations, just 49 percent of African-Americans received the service. The Centers for Medicare and Medicaid Services has enlisted the help of quality improvement organizations, previously called peer review organizations, to determine how to increase the rates of immunization. The groups are concentrating on educational efforts. To read a copy of the GAO Report "Medicare: Beneficiary Use of Clinical Preventive Services," online go to <http://www.gao.gov/new.items/d02422.pdf>.

Private Sector Outreach

Below are companies that we have contacted this quarter to extend our immunization outreach. They are asked to display/provide information to their employees as well as place immunization information in public areas if appropriate. These activities have provided outreach well beyond what we could have done on our own. You are encouraged to connect with the companies in your counties as well to form your own local partnerships. (some of these companies have offices/stores in various counties – the headquarters only are listed here)

Auburn Regional Medical Center ♦
Cascade Natural Gas ♦ Chehalis
Confederated Tribes ♦ Colville
Confederated Tribes ♦ Direct Focus Inc. ♦
Kaiser Permanente ♦ Lummi Tribal Health
Center ♦ Northwest Indian College ♦
Onivia.com Inc. ♦ Pacific Aerospace &
Electronics Inc. ♦ Phillips Ultrasound ♦
Skagit Valley College ♦ Sound Mind &
Body Gym ♦ St. Joseph Hospital ♦ Tacoma
Community College ♦ Turner Construction
Co. ♦ Washington State Penitentiary ♦
Wilder Construction Co. ♦ Yakima Valley
Community College ♦ YWCA of Clark
County ♦ YWCA of Spokane

Upcoming IACW Meetings

API Task Force – several subcommittees are meeting, contact Katy Buchett at Healthy Mothers, Healthy Babies for more information (206-830-5156)

Public Awareness and Education

Subcommittee – July 17th 9:30-11:00, Jr. League in Seattle

Executive Committee – July 17th 11:30-1:30, Jr. League in Seattle

Healthcare Provider Subcommittee – July 24th 10:15-11:45, Bellevue Public Library

Main Coalition – July 24th 12:00-2:00, Bellevue Public Library

Adult Subcommittee – July 24th 2:00 – 3:00, Bellevue Public Library

IACW website:

<http://www.hmhbwa.org/iacw/index.html>

Healthy Mothers, Healthy Babies has moved!

Please note new address!

11000 Lake City Way NE #301
Seattle, WA 98125



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At All Ages

Questions, call 360-236-3569